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ABSTRACT

This report describes various government nutrition programs designed to aid pregnant women and children under six. Programs described include: the Agriculture Extension Program, a home program in Alleghany County, Maryland; supplemental food programs in Washington, D.C. and Denver; and the Chicago Supplemental Food Voucher Experimental Program. Also discussed are special food service programs for groups of children away from home which are provided in Greenville, South Carolina; San Francisco; Raleigh County, West Virginia; Vincennes, Indiana; San Diego, Texas; and in day care centers at the University of North Carolina campuses at Greensborc and Chapel Hill. The appendix includes reprints of articles written by Margaret Mead and James Roper, a bibliography on food and nutrition, film suggestions, a listing of federal and state personnel involved in food programs, and examples of program materials used in the District of Columbia. (AJ)

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Programs for Infants and Young Children

Part II Nutrition

Child Development Staff

APPALACHIAN REGIONAL COMMISSION
1666 Connecticut Avenue, N. W.
Washington, D. C. 20235

OCTOBER 1970

PS 004450

"It is our conviction that nutrition is the key to the normal development of infants and children."

Charles U. Lowe, M.D.
Chairman, Committee on Nutrition
American Academy of Pediatrics

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Introduction

"Hunger reduces one to an utterly spineless, brainless condition, more like the after effects of influenza than anything else...Complete inertia is my chief memory."

George Orwell
Down and Out in Paris and London
London, 1935

The permanently crippling effects of malnutrition on the physical development of a young child have long been obvious and recognized. The extent of permanent damage to his intelligence and personality is now being learned and added to earlier knowledge.

In response to this startling information several government agencies now sponsor programs which provide food to those children and families who indicate a need. Some programs combine food delivery with nutrition information.

The two basic food programs which consider the needs of the child and his entire family are the Food Stamp and Food Commodity Programs of the United States Department of Agriculture. Other programs of the Department of Agriculture, as well as of the Department of Health, Education, and Welfare, are aimed at the needs of a specific age group. Two examples are Agriculture's Special Food Services Program for Children, which is available to preschool children cared for in groups away from home during the day, or the Office of Education's School Lunch program for school-age youngsters.

From these examples and others, we can define four basic delivery systems for food: (1) a separate direct activity, such as the surplus commodity program; (2) a separate, indirect activity such as the food

stamp program through which food is purchased at neighborhood stores; (3) a part of a larger fiscal aid program, such as Title IV of the Social Security Act (Aid for Dependent Children); and (4) a part of a larger comprehensive services program, such as the nutrition component of Head Start or a similar component of the Maternal and Child Health Program of the Department of Health, Education, and Welfare.

These delivery systems break down into three basic settings for delivery of food and nutrition information: (1) programs with service actually in the home such as the individual attention provided by home agents of the Agriculture Extension Service; (2) programs with service indirectly to the homes such as the Supplemental Food Voucher Program of the Department of Agriculture; and (3) programs for children in groups away from home during the day such as Head Starts or other day care centers.

The choice of delivery system will influence the extent to which we can easily measure the nutrition the child receives. For example, the Department of Agriculture nutritionists carefully choose the supplements contained in surplus commodity packs. So, too, have HEW nutritionists at the Office of Education balanced school lunches. With food stamps, however, the individual shopper can purchase most of the items any other shopper can purchase.

The vital nutrition education part of any food program, therefore, will vary with the delivery system which it complements. Recipes can be matched with predetermined commodities contained in surplus packs. Tips as to the best way to utilize specific commodities, such as powdered milk, also prove valuable. One judge even requires all commodity recipients in his county to attend a cooking class as they collect food packages.

Nutrition information is not so easily delivered in food stamp areas. Local stores where residents purchase food can be good locations for food demonstrations and nutrition information. Parent education and consumer education at local high schools are other valuable community education resources.

As with health and infant education components of a child development program, there are many federal, state, and local resources for financial support for nutrition programs. Unlike the health component, however, which requires the full time services of highly trained professionals, or the education component which often requires special facilities with room for children to spread out, a food and nutrition program can be run for the benefit of a large number of people by a relatively small number of people and can utilize existing local facilities such as the neighborhood grocery store for the distribution of information or the local high school for cooking classes and the distribution of food. Of course, individual attention to families and children, such as that available through the Agriculture Extension Service or the Maternal and Child Health Service, is ideal. But these programs often cannot reach large numbers of people in an area where manpower resources or health facilities are minimal. It is possible, however, for many people to receive precious nutrition benefits quickly when local, state, and federal officials co-operate to make best use of their collective resources. Food for young children can have far-reaching effects on their development and, therefore, should assume top priority in every community.

Preface
Part II: Nutrition

The following section contains descriptions of programs in which child nutrition is delivered in a variety of ways: (1) as a direct activity such as the Supplemental Food Program in the District of Columbia; (2) as a separate indirect activity such as the experimental Chicago Voucher Program for women and young children; (3) as a part of a larger fiscal aid program such as the San Diego, Texas, public schools breakfast and lunch programs; and (4) as a part of a larger comprehensive services program such as the Vincennes, Indiana; or Raleigh County, West Virginia; Head Starts.

Services are delivered to three basic settings: (1) to the home via the Agriculture Extension Service in Alleghany County, Maryland; (2) indirectly to the home such as the "Food for Health" program of the Health Department of the District of Columbia or the comparative voucher program for food stamp counties; and (3) to groups of children away from home during the day such as the day care center programs in Greenville, South Carolina; and San Francisco, California.

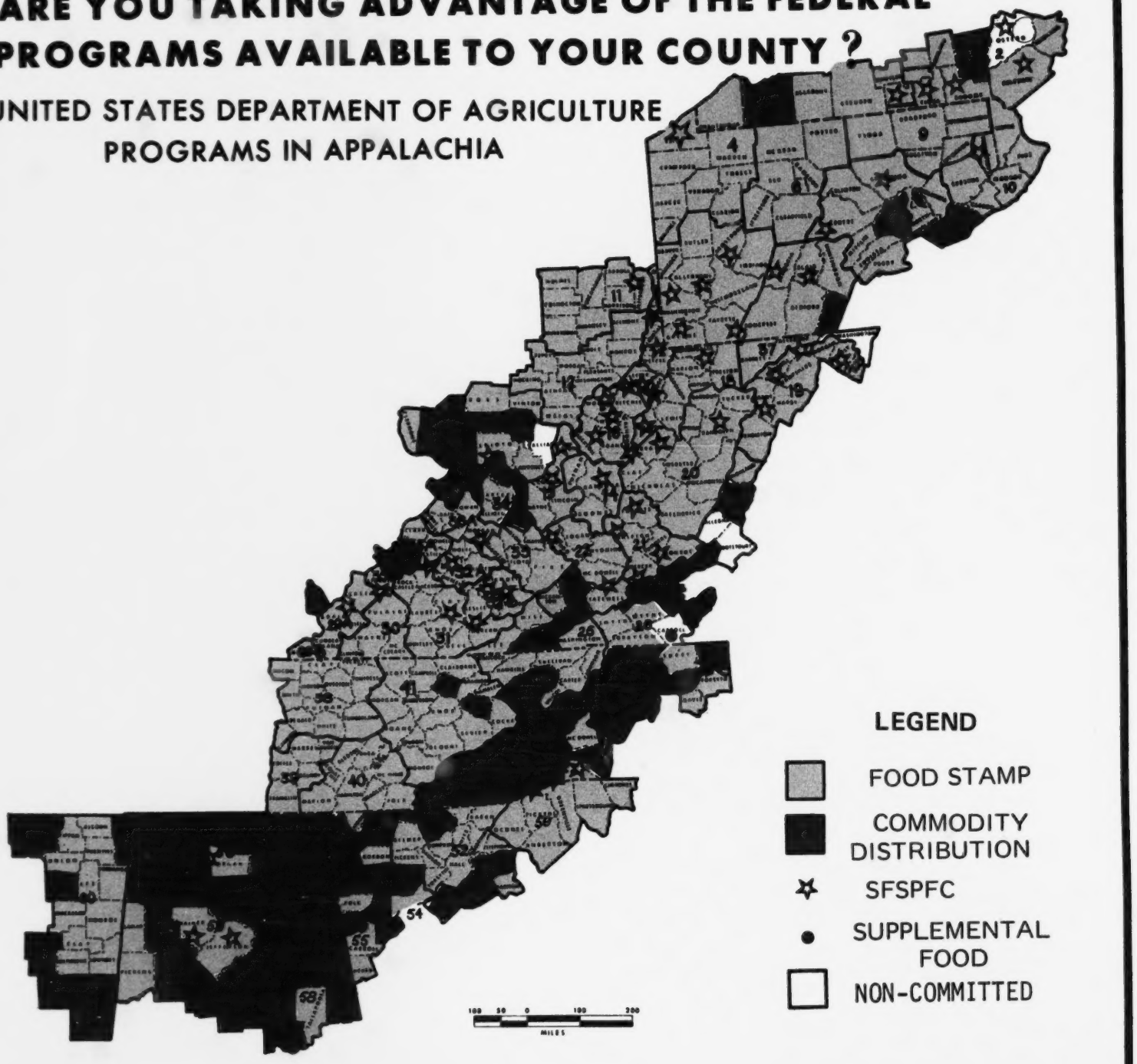
Some of the programs combine nutrition education for the parents with food delivery to the children. Recipes are included in children's commodity packages in Washington, D.C. Other programs include interesting nutrition lessons for the children themselves. In the San Francisco program the children "discover" a pineapple or melon and investigate its size, shape, texture, and, finally, its taste.

We hope you can visualize the various programs from these descriptions. More importantly, we hope you can find several new ways of delivering food

to the children of your community and of developing sound nutrition patterns for them.

ARE YOU TAKING ADVANTAGE OF THE FEDERAL PROGRAMS AVAILABLE TO YOUR COUNTY ?

UNITED STATES DEPARTMENT OF AGRICULTURE
PROGRAMS IN APPALACHIA



A. HOME PROGRAMS

1. United States Department of Agriculture Extension Service: Alleghany County, Maryland
Directors: George E. Allen and Nancy Kebschull

Program Summary

One of the outstanding Agriculture Extension Programs is currently operating in Alleghany County, Maryland. Under the direction of Nancy B. Kebschull and George E. Allen, the program is designed to hire and use nonprofessional extension aides to teach and assist low-income families with their food and nutrition problems. During the first six months, priority was given to homemakers with preschool or school-age children and to the young marrieds.

Each Extension Aide was recruited from the area in which she lived. She was then assigned to a designated Extension Home Economist who, together with other members of the county and state staffs plus the cooperating agency personnel, provided training and supervision.

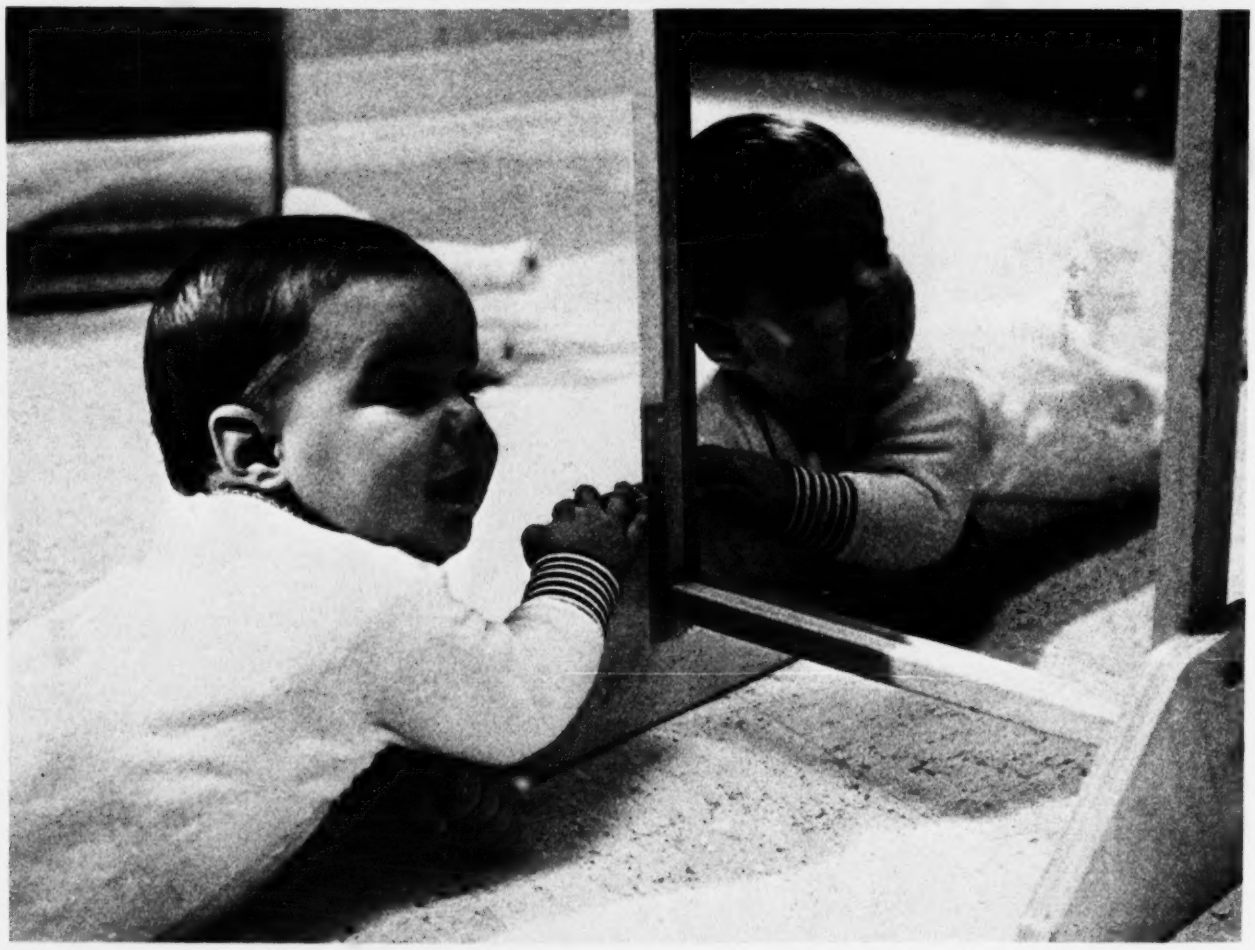
In addition to learning to do food demonstrations which could be adapted to a variety of kitchens, the aides heard lectures and participated in discussions on personal values, building human relations, setting up records and notebooks, understanding poverty, children's clothing needs, recognizing health needs, and techniques of a home visit. The aides often worked with surplus commodities in their food demonstrations and became aware of many of the resources of the community for which their families could qualify.

95 percent of the homemakers who participated thought that the presence of the aides had had a positive effect on their food habits. The aides themselves attribute much of their success to the carefully planned training and continuing responsive supervision. In the future,

the emphasis will remain on nutrition education, but the other social service skills of the aides will be developed. They will be trained to help their families with child rearing and related problems, which mothers from the target community feel free to discuss with peers from their own communities.

Replication:

Consult the local Agriculture Extension Service for details about initiating a program in your community. Information about the Alleghany County program is available from its directors.



B. PROGRAMS WITH SERVICE TO THE HOME

Overview
Supplemental Food Program
United States Department of Agriculture
Washington, D.C.

The Supplemental Food Program, administered at the federal level by the Food and Nutrition Service of the United States Department of Agriculture, is sponsored jointly by:

(1) United States Department of Agriculture

(2) Department of Health, Education, and Welfare

(3) Office of Economic Opportunity.

It is intended to supplement the diet of pregnant women, infants and young children 1 to 5. Each woman must be certified by a physician, nurse or nutritionist as a "high risk" mother; she and her children are particularly vulnerable to malnutrition.

The Supplemental Food Program is always administered through a health facility, sometimes a local or county health department, other times a Department of Health, Education, and Welfare project such as one of the fifty-eight (58) Maternal and Infant Care Projects in the country, or an Office of Economic Opportunity health facility such as a neighborhood health center.

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1. United States Department of Agriculture
Supplemental Food Program: Washington, D. C.
Lois Earle, Director

Program Summary

In the District of Columbia, the Supplemental Food Program is administered in conjunction with the Maternal and Infant Care Project of the Health Department. The "Food for Health" program serves 30,000 women and children who are residents of the District.

There is no income criteria for participation. All those who receive care at the Health Department Clinic are eligible. "Food for Health" is not a welfare program. This is important to stress when arranging for people to receive this aid.

One mother who brought her child to the clinic became the manager of the food distribution office. She sorts the three types of packages which are delivered daily from the warehouse. Each pack can be redeemed with food coupons issued by the Department of Agriculture officials, who are located at certification centers throughout the city. One pack is for pregnant women, another for children under one year old, and a third is for children from one to six years old. The diagrams in the appendix indicate the contents of each of these supplementary packs. Recipes such as those attached to the diagrams are also included, and many tasty meals can be prepared from the meat, potatoes and other items.

Recipients are eligible for packages twice a month, though they may come for them any day during that month. Mothers often send older children or friends to the center to carry home the packs, which weigh from five to twelve pounds.

There are many advantages to linking the distribution of the food to nine of the more-than-fifteen health centers in the city. Because free medical care is available by law to all children under six in the District, many people take advantage of these excellent services. Careful developmental records of each child are kept by the physicians, nurses, social workers, and nutritionists. Each mother then meets with the professionals to discuss her child's progress.

For example, during the visit with the nutritionist, the child's weight graph is explained to his mother and related to his eating habits. If a baby is gaining too much weight, the nutritionist may suggest a reduction in milk or a substitution of one vegetable or fruit for another. Mothers can be proud of the top quality care they receive.

Continuing, responsive professional help and supervision of the food distribution has kept participation high in the District program.

Replication:

The Supplemental Food Program can be initiated in Food Stamp Counties. Check the map at the back of this booklet, and if your county qualifies, consult your local or state office of the Department of Agriculture.

The District of Columbia program has produced many helpful materials such as recipes and other nutrition education information. The material is available from the Director.

2. United States Department of Agriculture
Supplemental Food Program
Denver, Colorado

Program Summary

The Supplemental Food Program and nutrition counseling were recently initiated in the Maternity and Family Planning Services Clinic at Denver General Hospital.

Cardiacs, diabetics, severe anemics and other clinical cases are referred to the Dystocia Clinic, which was incorporated into the Nutrition Section services. The nutritionist sees each patient and takes a dietary history after reviewing the chart. The prenatal diet is discussed with each patient on the basis of the history. Patients are selected for follow-up counseling according to "Suggestions for the Selection of Maternity Patients for Nutrition Counseling" from the Children's Bureau and upon physician referral.

Maternity patients are counseled on an individual basis, though instruction is supplemented by group teaching where needed. The home economist has given demonstrations on use of nonfat dry milk, low-cost nutritious main dishes, infant toys made from usual household items, child feeding, and portioning. Expectant mothers having their first babies are shown how to make a formula, for instance, and make at least one under supervision, using the evaporated milk which is one of the supplemental foods available. Directions for breast feeding are presented by the nurse, and the nutritionist discusses what to eat during this time. From one nutritionist's report we learn:

"Forty-one percent of new expectant mothers counseled were under nineteen years old. Patients in this age range were given nutrition advice most frequently in the areas of weight control, low hematocrits, and normal nutrition. Problems were caused by commonly

known 'typical eating habits' of teenagers - pop, potato chips, candy, etc. in lieu of meals and frequent snacking of these and other high carbohydrate foods, such as cake, pie, cookies, and sweetened beverages. Most of these girls had limited knowledge of nutrition and/or did not understand its importance in pregnancy. Also, lack of interest in nutrition was noticed frequently. Excessive weight gain was the greatest problem area for patients nineteen and over, and a large number of new patients were counseled for nausea."

Women with hematocrits* below 34 percent are selected for special follow-up by the physician and nutritionist. The nutritive value of each diet is assessed initially for key nutrients. Counseling is then based on these findings and the woman's individual abilities and problems. The plan is to take another history in four to six weeks and another shortly before delivery to try to determine if changes in diets can become effective. For this group, the home economists have demonstrated ways of using iron-rich foods in their diets, which include cookies made with iron-fortified infant cereal.

Replication:

Materials are available from the nutrition section at Denver General Hospital.

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* This is a measure of possible anemia, and is based on a small sample of blood.

3. United States Department of Agriculture
Supplemental Food Voucher Experimental Program: Chicago, Illinois
Cook County Department of Welfare

Program Summary

The Chicago Voucher Program is one response to both President Nixon's May 1969 pledge to eradicate hunger in the group of "high risk" mothers and children and to problems of storage and distribution with the Supplemental Food Program. Operated by the United States Department of Agriculture with the cooperation of the Illinois and Cook County Departments of Welfare, the vouchers operate much like food stamps.

The monthly allotment contains two books of coupons, one for the mother and one for the infant. Each mother receives a book of certificates worth five dollars. The coupons enclosed can be used to deduct 25 cents from the purchase price of milk. For each infant, the mother receives a book containing 10 dollars worth of certificates. These certificates, honored at the local store, can be used to buy infant formula, milk, and/or cereal. Persons eligible for health or welfare benefits or food stamps are eligible for this program.

All recipients are either pregnant women or mothers of infants less than one year old. They are residents of the 30 square block area of Cook County which has the highest infant mortality rate in Chicago.

There are 1000 participating mothers and children. The goal is to involve 3000. Ninety percent (90%) of the possible recipients, when polled, wanted the vouchers mailed rather than delivered through the welfare department. Those who did elect to pick up the coupons were residents of large public housing apartments.

The response of the initial stores has been very encouraging. Most are enthusiastic and willing to participate. They have reported little difficulty with the program.

As a result the planners decided to try this approach in another locale. On April 1, 1970, the program was initiated in Yakima County, Washington. All coupons were sent through the mails. This large area contains both urban and rural areas, as well as a large number of Indian reserves.

Appalachian States north of Kentucky may apply through the New York regional office of the United States Department of Agriculture. Kentucky and those south may apply through the Atlanta regional office.

Replication:

Material is available from the Cook County Department of Welfare. Since most Appalachian counties are food stamp counties, this program seems most feasible to initiate for the needs of pregnant women, infants, and young children.

The results of the demonstration projects should be compiled soon and funding of other programs should begin early in 1971.

V. PROGRAMS FOR CHILDREN IN GROUPS AWAY FROM HOME

Overview:
United States Department of Agriculture
Special Food Service Program for Children

The Special Food Service Program for Children is a three-year pilot program authroized by a 1968 amendment to the National School Lunch Act and administered by the Food and Nutrition Service of the United States Department of Agriculture. Its goal is to improve the nutrition of both preschool and school-age children. The program assists in providing tasty snacks and up to three nutritious meals a day to youngsters in and out of school activities.

Food items are donated by the United States Department of Agriculture for use in preparation of meals, in addition to reimbursement of a maximum of 15¢ for each breakfast, 30¢ for each lunch or supper, and 10¢ for in-between snacks. Reimbursements under the program also include 75 percent of the purchase or rental cost of the approved equipment. Technical guidance to inaugurate or expand an existing food service program is also available.

Public and nonprofit private day care centers, recreation centers, summer day camps, and similar programs may apply.

Eligible service institutions must agree to meet certain nutritional standards and to operate a nonprofit food service for all children regardless of race, color, or national origin and to provide free or reduced-price meals to children unable to pay the full amount.

1. United States Department of Agriculture
Special Food Service Program for Children
Greenville, South Carolina; Mr. Robert Anderson, Coordinator

Program Summary

Under the direction of Mr. Robert Anderson of the Greenville County Council for Community Action, eleven church groups have begun day care centers, predominantly for children 1 to 5. A combination of the Special Food Service Program (Department of Agriculture), OEO, Head Start, Neighborhood Youth Corps, and Operation Mainstream (Labor Department) funds have been utilized. The Special Food Service Program reimburses the Greenville Program up to 55¢ a day per child.

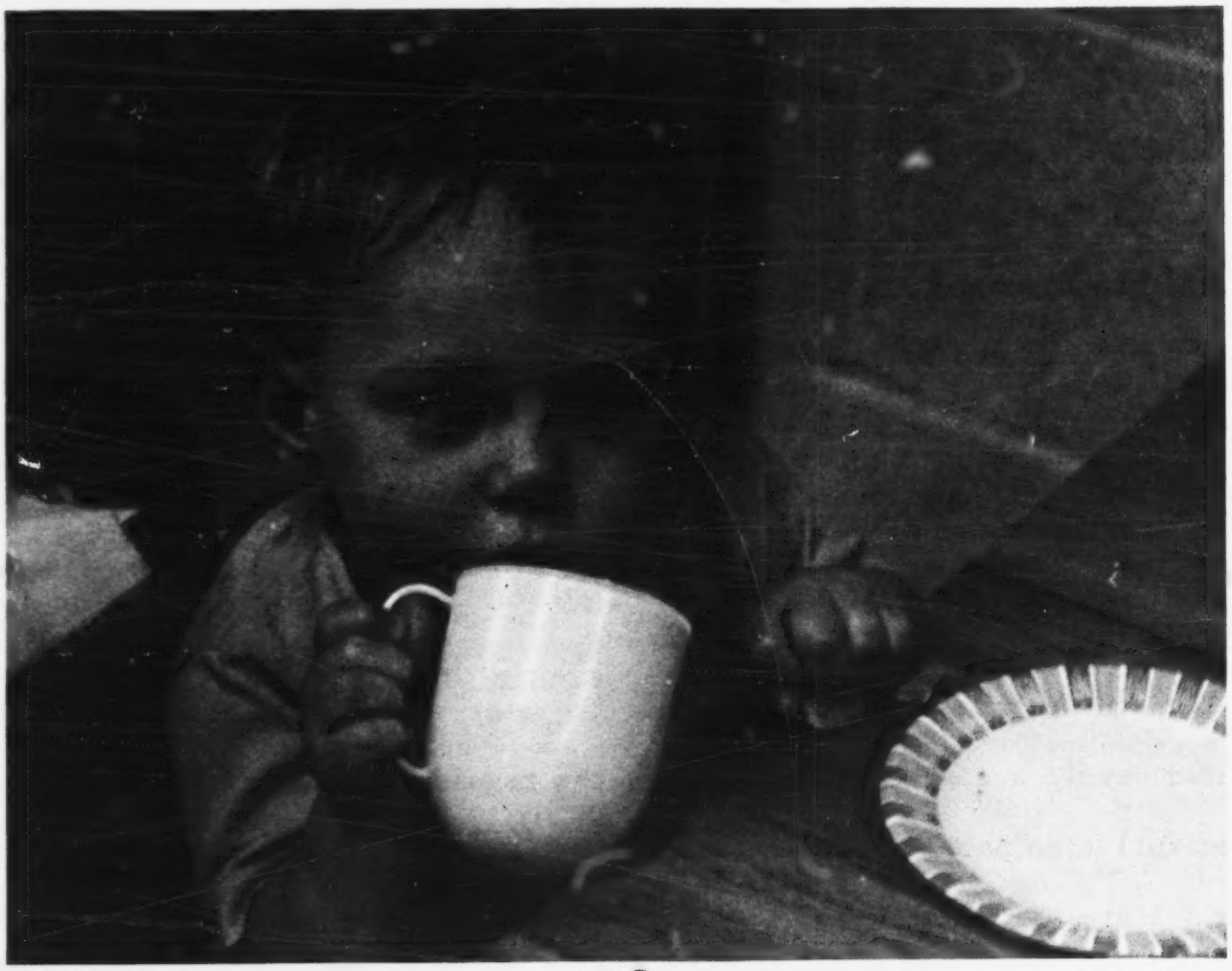
Mr. Anderson, who is aware of a variety of funding sources, insures that local people who are looking for funding meet with the proper person at the appropriate state or federal agency. Each of the eleven centers works directly with the Atlanta Regional Office of the Department of Agriculture. They are reimbursed monthly and may purchase the food at local stores or wholesale houses of their choice. Although the eleven centers do not purchase foods as a unit, Mr. Anderson hopes that with his help they will soon operate jointly and, hopefully, get more for their money.

The real success of these local groups is that they have found local civic organizations, private firms and individuals willing to donate money for special purchases and to tide them over difficult times. Through the local minister, who "won't take no for an answer," they have received a $150 check from the bank president at a crucial time, donations of kitchen facilities from YWCA's and church groups (which count for in-kind contributions), volunteers who pitch in and deliver services, and most recently, a $10,000 structure for operating a center. The donors to the

center included the mayor, a merchant, and the president of the Chamber of Commerce! The centers presently serve 107 children, predominantly aged one to five. The hours coincide with the working hours of the parents. Most open at 7 a.m. and remain open until 6 p.m.

Replication:

Other communities should also be able to arrange joint funding from these sources and others. Consult the manual of federal programs for additional funding sources. Mr. Anderson will provide material on his experience from his Greenville address.



2. United States Department of Agriculture
Special Food Service Program for Children
San Francisco, California; Miss Loretta Juhas, Director of Nutrition

Program Summary

A second outstanding program combining nutrition education and food delivery in nonresidential centers for preschoolers is located in San Francisco, California. Created during the war to free mothers for work, the state-wide centers are still administered by the State Department of Education in cooperation with the local school districts.

Because the twenty-seven Children's Centers in San Francisco receive most of their general operational money through a special state fund which is managed by the State Department of Education (although it is not extracted from the Education budget), they qualify also for the National School Lunch Program of the United States Department of Agriculture. This is the same legislation through which the Special Food Service Program for Children is administered. Approximately 1600 San Francisco children from two through the elementary school years benefit from this federal legislation.

The centers are still operated mainly for children whose mothers must work. A charge is made based on ability to pay. Prekindergarten children spend the entire day in the centers. School-age children come to the centers before school in the morning, return to the center for lunch and then return again after classes.

The centers are operated full time the year round; students who attended before and after school during the regular school sessions become full time participants for the summer months. Teachers and other personnel are hired through the regular channels of the local school

districts according to the state certification requirements.

Each center features a "health education" program which includes nutrition education at mealtime. A nutritionist plans not only the food service, but the educational program related to it. Nourishment and training start with breakfast and continue with midmorning snack, lunch, and afternoon snack. These meals provide 75%-80% of the child's daily food requirement.

A wide variety of food is offered. Orange juice, fresh orange sections or tomato juice is served in midmorning. The afternoon snack is planned to be rich in essential foods often left out of the family diet when funds are short. These include milk, meat, or meal alternates and fresh fruits or vegetables.

With the food comes training. For example, the teacher shows the younger children an orange, apple, pear, lemon, grapefruit, and banana. The different fruits are passed around and the children feel and smell them. The teacher peels and cuts all of the fruit into small portions and serves several pieces of each kind to each child. While doing this, the teacher asks questions such as, "Is it sweet or sour?" "What color is it?" "Which piece is soft?" The lesson may end with the class squeezing orange juice.

Teachers are provided with information such as the history of tomatoes or squash and their nutritional value. They use this in discussion.

Many food-oriented projects are developed in the classroom. One of the most successful was "Breadmaking Around the World." This project included breadmaking sessions featuring breads of different nations, excursions to commercial bakeries, murals depicting the field trips and

the preparation of a cookbook and a weekly newspaper, "Oven Full of News."

Even more adventurous was their examination and study of a real octopus. The Swan Oyster Depot gave the Center a 60-pound octopus to be used in one class's discussion of living creatures in the sea. Research carried out during the week before brought to light many interesting facts about this edible mollusk. One child, generally slow in contributing to group discussions, found octopus comes from two Greek words: "octo," meaning eight; and "pous," meaning foot.

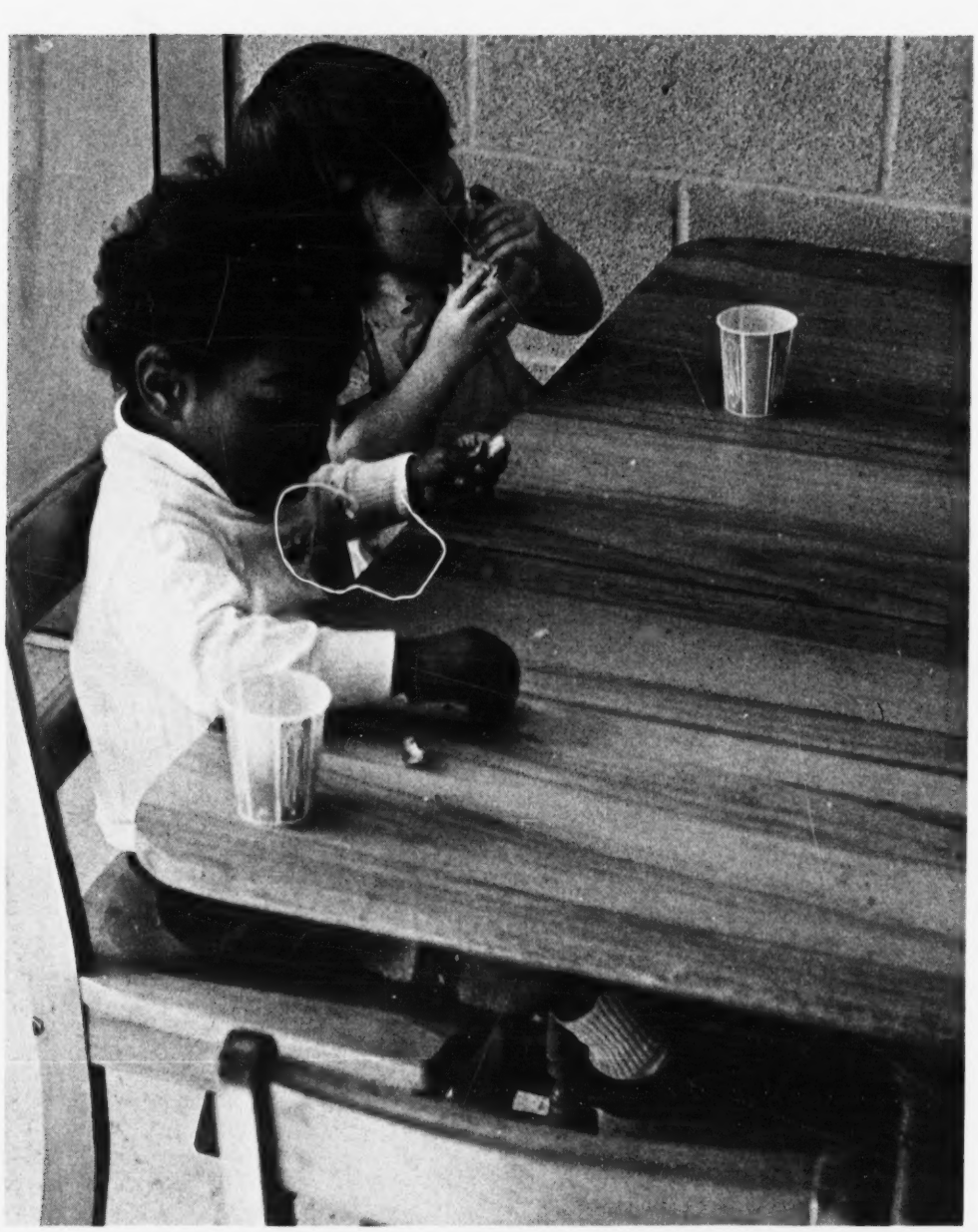
After weighing, measuring the length of the tentacles, counting the suction cups and dissecting the body, the children cooked portions of the octopus for lunch. Their general opinion was that the octopus was - unexpectedly - very good eating.

"Mealtime and cooking experiences are used not only to teach nutrition to children but as conveyors for learnings such as arithmetic, social science, geography, history, and science," states Loretta Juhas, supervisor of food services of the Children's Center Division of the San Francisco Unified School District. "Fractions are not taught until fifth grade, but when the quality of a product is dependent upon employing them correctly, the motivation is built in and learning becomes easy for children at a much younger age."

California is unique in providing such special preschool accommodations in connection with the school systems. It seems a wise way to operate mass programs, both for administrative ease and for continuity of programs. Many of the centers are located right on the school premises. Others are nearby. Mrs. Theresa Mahler is the director of the twenty-seven Children's Centers in San Francisco.

Replication:

Program information is available from Miss Loretta Juhas at the San Francisco Board of Education. Information on financial arrangements may be obtained from the Nutrition Services of the State Department of Education in Sacramento, California.



San Francisco Unified School District CHILDREN'S CENTERS DIVISION Menu Week of August 10, 1970

	BREAKFAST	LUNCH	P.M. NOURISHMENT	SUPPER SUGGESTIONS
Mon. Aug. 10	Tomato Juice Cream of Wheat Toast Strips Butter* Milk	Oven Scrambled Eggs Baked Potato Fingers Harvard Beets Spinach & Orange Salad with French Dressing Pink Applesauce Milk SA-Bread N-Toast Butter*	Graham Cracker 1/2 Banana Hot Chocolate	Easy Swiss Steak Buttered Peas Carrot & Raisin Salad Fresh Fruit Bread Margarine Milk
Tues. Aug. 11	Canned Grapefruit Sections French Toast with Powdered Sugar Dry Cereal (1) Toast Strips Butter* Milk	Meat Loaf Mashed Potatoes Green Beans au Gratin Raw Vegetable Sticks (2) Jello with Fruit SA-Bread N-Toast Butter* Milk	Tuna Sandwich Milk	Tamale Pie Buttered Broccoli Chef's Salad Tapioca Pudding Bread Margarine Milk
Wed. Aug. 12	Stewed Apricots H O Oats Toast Strips Butter* Milk	Boiled Tongue Buttered Noodles Spinach a la Bechamel Tossed Salad w/French Dressing Milk Gingerbread w/Lemon Sauce SA-Bread N-Toast Butter*	Fresh Pineapple Chunks (3) Milk	Grilled Frankfurters Buttered Peas Sliced Tomatoes Fresh Berries with Sugar & Cream Bread Margarine Milk
Thurs. Aug. 13	Honeydew Melon Poached Egg Dry Cereal (1) Toast Strips Butter* Milk	Lamb Stew (Carrots, Celery, Onions) Parsley Diced Potatoes Artichoke with Mayonnaise Chocolate Pudding SA-French Bread N-Toast Butter* Milk	Housemothers' Favorite Cookie Recipe Lemonade	Ginger Liver Steamed Rice Summer Squash au Gratin *** Raw Vegetable Sticks Ice Cream Bread Margarine Milk
Fri. Aug. 14	Applesauce Rolled Wheat Toast Strips Butter* Milk	Fillet of Sole Tomato Rice Buttered Peas Perfection Salad Watermelon SA-Bread N-Toast Butter* Milk	Cinnamon Toast Cheese Finger Milk	Baked Eggs with Sour Cream Buttered Green Beans Tossed Salad Cocoa Indians Bread Margarine Milk

N - Nursery 1. For those children still hungry after eating eggs. 2. Celery sticks, tomato wedge, turnip ring, cucumber wheel.
SA - School Age * - Surplus Butter *** - Recipe for Parents 8-3-70 js

MENU SAMPLES

San Francisco Unified School District CHILDREN'S CENTERS DIVISION Menu Week of August 31, 1970

	BREAKFAST	LUNCH	P.M. NOURISHMENT	SUPPER SUGGESTIONS
Mon. Aug. 31	Applesauce Cream of Wheat Toast Strips Butter* Milk	Spinach Frittata Baked Potato Fingers Tossed Salad with French Dressing Chilled Canned Pear SA-Bread N-Toast Butter* Milk	Gingerbread Milk	Leftover Roast Beef Buttered Noodles Cottage Cheese Salad Fresh Sliced Peach Bread Margarine Milk
Tues. Sept. 1	Canned Grapefruit Section French Toast with Powdered Sugar Dry Cereal (1) Milk	SA-Frankfurters & Baked N-Meat Loaf Beans Mashed Potatoes Buttered Broccoli Tomato Wedges Chocolate Pudding Milk SA-Bread N-Toast Butter*	Cinnamon Toast Cheese Finger Hot Chocolate	Flank Steak Stroganoff Buttered Rice Tossed Salad with French Dressing Ice Cream Bread Margarine Milk
Wed. Sept. 2	Stewed Prunes Rolled Wheat Toast Strips Butter* Milk	Beef & Kidney Stew (Carrots, Celery, Onion) Parsley Potatoes Orange, Cocoanut Salad on Shredded Lettuce Upside-down Pineapple Cake SA-Bread N-Toast Butter* Milk	SA-Grapes N-1/2 Banana Graham Cracker Milk	Beef Patty Hash Brown Potatoes Buttered Green Beans Tomato Wedges Chilled Canned Pear Bread Margarine Milk
Thurs. Sept. 3	Tomato Juice Poached Egg Dry Cereal (1) Toast Strips Butter* Milk	Roast Leg of Lamb Gravy Armenian Pink Pilaf Summer Squash Confetti Salad (2) Lemon Cake Top Pudding SA-Bread N-Toast Butter* Milk	Super-duper Peanut Butter Sandwich Milk	Minute Chicken Buttered Peas Raw Vegetable Sticks Whipped Strawberry Jello Bread Margarine Milk
Fri. Sept. 4	Cantaloupe H O Oats Toast Strips Butter* Milk	Tuna Noodle Casserole Buttered Green Beans Raw Vegetable Sticks Watermelon SA-Bread N-Toast Butter* Milk	Minced Egg Sandwich Milk	Cheese Souffle*** Buttered Spinach Chef's Salad with French Dressing Cup Cake Bread Margarine Milk

N - Nursery 1. For those children still hungry after eating eggs. 2. Use red and green cabbage. 8-3-70 js
SA - School Age * - Surplus Butter *** - Recipe for Parents

3. United States Department of Health, Education, and Welfare
Head Start: Raleigh County, West Virginia
Helen Basham, Director

Program Summary

In the Raleigh County Head Start in Beckley, West Virginia, the children help prepare their own hot lunches. They open cans, slice lettuce, stir the chili; all the tasks that adults usually do. Being able to participate in the cooking gives the children a sense of power and adequacy and is also a lot of fun.

"Take a Running Start"[1] is a joyous film showing the education, health, and nutrition aspects of this Head Start program. Rather than transport large groups of children to one center, five children gather at homes with a "day care mother."

During the training programs for those who conduct "Home Head Start" programs, the women video tape sessions of children painting, cooking, learning about colors and numbers. They learn to plan stimulating lessons and experiences for the children and to make arrangements for each child to be seen by the Head Start nutritionist and physician.

The food is supplied by the central Head Start and distributed to the homes.

Unfortunately, this program was not refunded, but program information still can be obtained from Mrs. Basham, the director of Head Start at the Raleigh County Community Action Agency in Beckley, West Virginia.

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[1]"Take a Running Start" and "Jenny Is a Good Thing" are two excellent nutrition education films. A film index is attached which includes descriptions of each film as well as the name and address of the distributor.

4. United States Department of Health, Education, and Welfare
Head Start; Vincennes, Indiana
Mrs. LaVerne DeHon, Director

Program Summary

The Vincennes, Indiana, Head Start maintains an excellent breakfast, midmorning juice break, a well-balanced hot lunch, and a nutritional afternoon snack for fifty-one cents a day per child.

The menu includes liver once a week and green and yellow vegetables each day. Fresh broccoli, brussel sprouts, turnips, and cauliflower are available. Raisins are served for snack once a week and peanut butter, jello and dried apricots are used often.

The children play a central role in setting up for mealtime, serving the food, and cleaning up afterwards. In "Jenny Is a Good Thing," the Head Start nutrition education film, the children at the Vincennes Center are shown pouring milk and juice from child-size pitchers and carrying out long trays of jello with one four-year-old at each end of the tray.

LaVerne DeHon, Director of the center, has worked out many small detail which add to the enjoyment of the meal. For example, she has found that salad forks are easier for the children to manipulate than the dinner-size forks. The food is served family style and the adults and children eat together. Some of the best visiting and learning go on during this time. "Food is a happy experience in our program," Mrs. DeHon reports.

The enthusiasm for meal-time gathering has spread to the families of Head Start Children. Some of the happiest gatherings have been Head

Start parent-sponsored chili suppers, Thanksgiving dinners, ice cream socials, weiner roasts, and just plain refreshment times at monthly parent meetings.

Mrs. DeHon stresses the importance of centrally located kitchen facilities. Not only is it more economical and easier to have the food prepared on the premises, but the kitchen, as the hub of the center, provides a home-like atmosphere. She encourages other communities to investigate the resources of local civic groups. Many are happy to buy stoves and refrigerators for Head Start kitchen facilities.

The local nutrition consultant from the Indiana State Board of Health occasionally conducts an in-service training program. Teachers and aides have been instructed why and how Head Start wants meals to be run, the importance of their attitude to food and how it is transmitted to children. She also makes the following points:

1. Mental ability is definitely increased where food habits are good.
2. A child's ability to think is affected by what he eats.
3. Listlessness in a child sometimes is the sign of a hungry child.
4. Good nutrition leads to resistance to illness and disease.
5. If we believe the food we eat is important, then it will carry over to the children we teach.
6. Teachers should be aware of the following facts:
   (a) Three- and four-year-olds are very independent. This will show up in the appetites and food choices.
   (b) Children go through different stages, so do not be too upset if their food habits vary.
   (c) Do not make a big deal out of a child refusing food. Offer alternatives, or wait.
   (d) Slow eating is all right for preschoolers. They do not have much concept of time just yet.
   (e) Show children good manners by actions, rather than stressing clean plates.
   (f) If a child does not like a food the first time or two it is served, do not give up on it. Experience has proven that insistence on trying just a little bite of a disliked food can lead to a fondness for the food over a period of time. But never push a food on a child. Often, they will try food they think they dislike because the other children seem to like it.

The results of a sound nutrition program are evident in the children's attitude to food and in their social growth. In addition there are health benefits: Blood counts have risen to normal within the first year. The doctors attribute most of this to Head Start nutrition. The dentists are more than pleased with the healthy conditions of the children's mouths, a result of good dental work, nutrition, and regular teeth brushing daily.

The nutritionist works with the physician and the dentist on the best program for each child. His total needs are noted and appropriate treatment prescribed.

Replication:

Program and administrative information are available from Mrs. LaVerne DeHon, Director, at her Vincennes, Indiana, address. Mrs. DeHon is most helpful to those people initiating new programs.

5. United States Department of Health, Education, and Welfare
Office of Education, Preschool and School Lunch Programs
San Diego, Texas; Mr. Bryant P. Taylor, Superintendent of Schools

Program Summary

When Mr. B. P. Taylor began as superintendent in 1959, poor nutrition and poor medical care were obviously major problems affecting not only the children's health, but also their performance in school. To meet these needs, Mr. Taylor creatively used Title I, OEO, HEW, and Department of Agriculture funds to provide improved health and nutrition services through the school system.

Before deciding to implement joint funding for services, a number of demonstration projects were tried, including vitamin supplements provided by the Upjohn Company and administered by the schools. The key to the large scale operations however, was the provision for money to schools with children from impoverished families under Title I of the Elementary and Secondary Education Act. In the original application from San Diego, about 40% of the funds were designated for food and health services.

The nutrition services which have resulted are outstanding. Many of the children eligible for free lunches were also eligible for free breakfasts. As a result, about 750 or 66% of the lunches were served free and about 700 students also received free breakfasts.

In order to maintain good health, nutrition, and eating habits through the summer, the schools provided breakfasts and lunches in connection with the summer recreation program, which is financed by Title I. These meals, however, are mostly financed by the Vanik Act,

Section 13 of the National School Lunch Act.

The Vanik Act, administered by the Department of Agriculture, can also be used to provide meals for preschoolers. Mr. Taylor combined these funds with Head Start and Title I monies, and the schools have been able to finance a summer and regular school year feeding program which begins in June, 14 months before the children are eligible for first grade.

There is also a two-week program in June for three-year-old children. These children receive breakfasts and lunches paid from Title I funds. Mr. Taylor believes this nursery school should be expanded to a year-round program to provide: (1) child care experience for teenage girls; (2) nourishing food for the children; (3) meaningful employment for girls in the Neighborhood Youth Corps; and (4) an opportunity for mothers to be released from child care responsibilities without having to pay for baby sitters; this would give many a chance to get employment. Of course, the program would be eligible for funds from the Vanik Act, which applies to child care programs as well as summer recreational activities.

In order to provide for the free meals for both school-age and preschool children, school cafeteria personnel must receive special training. Each year the main cook and some other employees attend courses offered by the state for school lunch personnel. This enables them to cope with the additional menu planning, purchasing, and cooking.

The dietician plans the menu one week in advance, sometimes using suggestions which both the Department of Agriculture and the Texas Educational Agency send periodically. Weekly, the food is purchased from and delivered by large food companies in Corpus Christi, fifty miles away. The meat used is already portioned: two ounces for preschoolers,

three ounces for elementary students, and four ounces for those in high school. Milk is ordered from Kingsville and costs seven cents per half pint for both flavored and unflavored milk.

The school estimates at the beginning of the year its annual requirement for government commodities, which are delivered monthly. The school pays 36¢ for each student per year to help finance the program's administrative costs to the state agency.

The San Diego Independent School District has taken advantage of all the various federal feeding programs which are available. Their success in providing meals for the needy has not come through any unusually efficient or imaginative use of one kind of funds, but mostly from exploiting all the federal sources. It is obvious, for example, that the money from Section 11 of the National School Lunch Act alone is inadequate for an effective school lunch program. Accordingly, the San Diego School District has used money from other programs - Title I mainly, but also Project Headstart. Their food service has been successful also because the superintendent and the faculty are committed to the idea that nutrition and health are paramount concerns for a school. Mr. Taylor has met many school officials who disagree with his program because they believe schools should not be in the "food and health business."

The school feeding program, however, is valuable not only nutritionally, but also educationally, Mr. Taylor feels. By example, it demonstrates the components of a nutritious meal; it introduces the students to unfamiliar foods, which is particularly important to the many San Diego children raised almost solely on a poor Mexican diet; it can help improve the dietary habits of the families as the children bring home the knowledge

of good nutrition gained at school; and it can have significant future effects as the girls marry and apply the nutrition training from school to their own families.

Health

The program in health for the school district has been as impressive as the school feeding program. About $8000 a year is allocated from Title I funds for health services. The health program is a continuing one, which looks first toward the preschooler with preventive techniques.

During the two-week nursery school-child care course in June, inoculations are begun for the three-year-old children. These are continued in the 14-month preschool program, during which each child in addition receives complete dental and medical examinations, including hearing and vision testing. Dental work, medical care, corrective lenses, and hearing aids are provided for those who need them. The local Rotary Club helps provide eyeglasses each year.

Tuberculosis tests are given to five-year-olds, first grade students, and seventh grade students. All students have received the measles vaccine; all seniors get small pox vaccinations. When Title I funds first became available, all students in every grade received medical and dental examinations. Now, all those who turn out for sports (about one half the high school student body) must have a complete medical and dental examination before they are allowed to participate. All students in the Neighborhood Youth Corps must have medical examinations. Thus, most of the students receive physical examinations regularly. Ideally, Mr. Taylor believes all students should undergo complete dental and medical

evaluations when they first enter school in kindergarten and then after the third, sixth, and eighth grades.

A great deal of the Title I money has been spent for this kind of health care. Each dental examination costs $8.00, each medical examination, $10.00. Dental care has been so extensive that Mr. Taylor claims there are probably no unfilled cavities for children in the first eight grades. In addition, there have been tonsillectomies, circumcisions, ear operations, and additional examinations by medical specialists. The money also pays for necessary drugs, like isoniazid, which must be taken for one year by children extensively exposed to tuberculosis, and penicillin for the sore throats and other similar infections.

The results of both the health and nutrition expenditures have been impressive. What originally drew attention to the programs in San Diego School District was the nutrition study conducted by the University of Texas Medical School in Galveston as part of the national nutrition survey requested by Congress in 1967. Dr. Arnold Schaefer, director of the national survey, testified before the Senate Select Committee on Nutrition and Human Needs:

> These were the best teeth we have seen in any place that we have surveyed to date, (the) least number of decayed, unfilled teeth. The blood biochemistries are completely different than what I presented for the overall picture of the national nutrition survey.

Whereas about 11% of people examined in the 26 counties of Texas surveyed had hemoglobins considered low or deficient, no children in San Diego did. Whereas plasma Vitamin A was low or deficient in 20% of the state, only 6% were so considered in San Diego. Whereas 16% in the state had low or deficient serum Vitamin C, there were none in San Diego. Only in

urinary thiamine and riboflavin were many San Diego children low, and even this number was far less than the state average.

The health and nutrition programs have made a noticeable difference in education as well. Attendance has improved markedly, from 80% before the program began to over 95% now. Dropouts have decreased; there were only about 10 last year. Discipline is less of a problem; attention has improved; the number of students repeating grades has dropped. The morale of both the students and teachers is high. The students and their families understand and appreciate that the school is genuinely interested in their welfare from the time they are young children through high school.

Replication:

Information about this program may be obtained from the Department of Education, San Diego, Texas.

6. The Institute for Child and Family Development
The University of North Carolina at Greensboro
Mary Elizabeth Keister, Ph.D., Director

Program Summary

One of the outstanding day care centers in the country is run by Dr. Mary Elizabeth Keister at the University of North Carolina at Greensboro. The program must vary to accommodate the needs of four-month-old infants to three-year-old toddlers. In the following excerpt from her pamphlet, "The Good Life for Infants and Toddlers," Dr. Keister offers some helpful hints for mealtime in a day care center:

> All eating utensils and accessories are used once and then disposed of. We use spoons of plastic and plates, bibs, mats, cups, etc. of paper. In our first year of operation we used standard formulas in disposable bottles (Formil, Enfamil) but later switched to an arrangement whereby the parents bring the baby's formula in the bottles that will be required each day. The infants get the commercially prepared baby foods and/or junior foods. Meals and snacks for those on "table foods" are carefully planned and tastefully prepared. The mother of one of our children is a nutritionist; in exchange of a small reduction in her little daughter's fees, she serves as consultant on our food program, checks our menus periodically and takes an active interest in the children's health as it relates to food intake in the Nursery and at home.

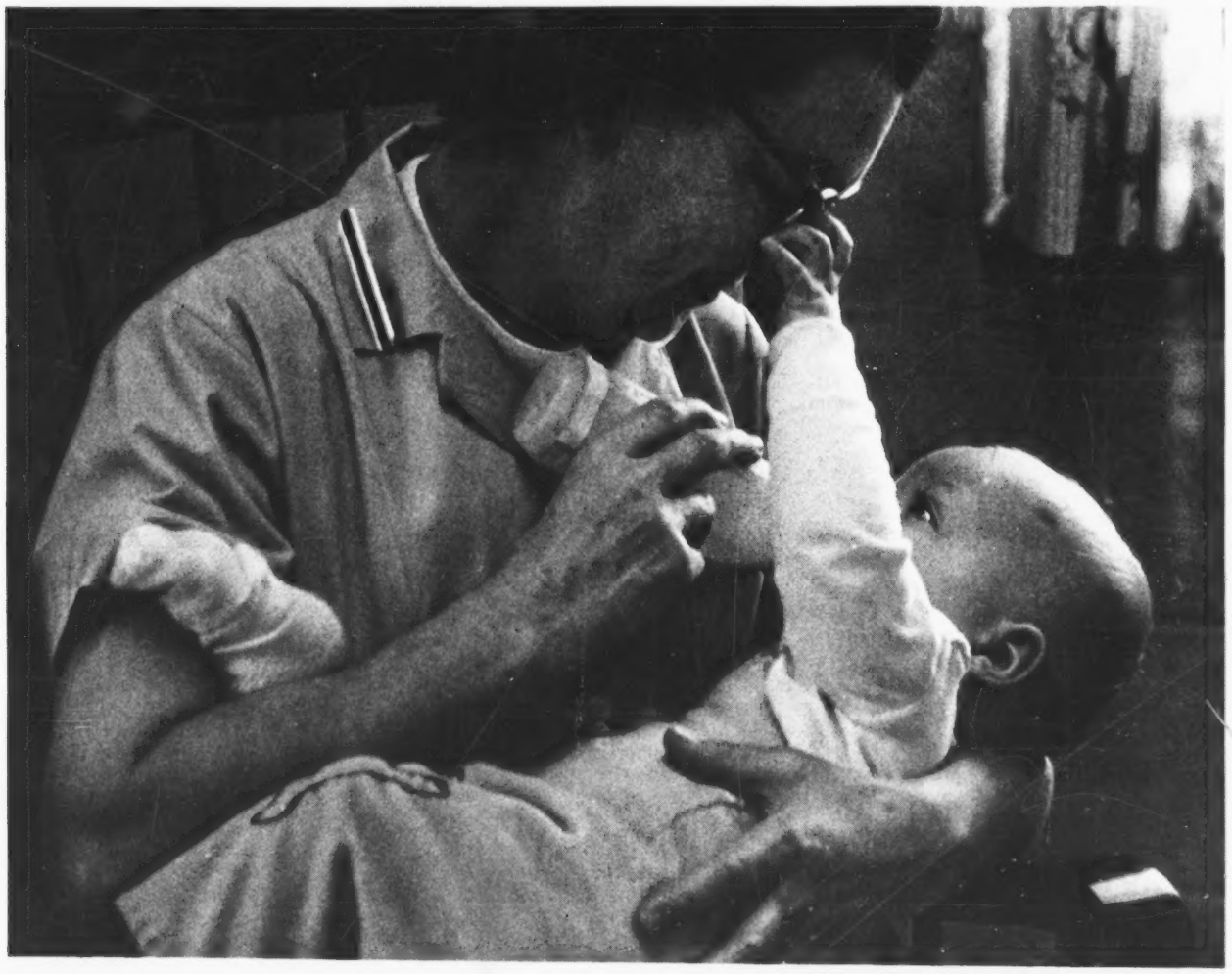
The food for the Greensboro center is prepared on the premises in a sparkling, compact kitchen. The children who are able to feed themselves are seated at a table with nutritious foods prepared to interest them.

Infants are held in a caretaker's arms or supported in an infant seat for feeding. A calm, happy atmosphere prevails at mealtime as well as at all times in this center. There is time to attend to the needs of each child by competent staff who enjoy working with children and understand their responsibilities.

Many of these same points are made by Dr. Ann DeHuff Peters in the following paper. Dr. Peters presents a working philosophy with specific guidelines helpful to those initiating a program.

Replication:

Information about mealtime at the University of North Carolina Day Care Center may be obtained by writing to Dr. Keister in Greensboro, North Carolina.



7. Frank Porter Graham Child Development Center
Child Development Research Institute
University of North Carolina; Chapel Hill, North Carolina
Ann DeHuff Peters, M.D., former Medical Director

PHILOSOPHY AND PRACTICE OF FEEDING OF INFANTS IN A DAY CARE SETTING

I. Introduction

At the present time, there is no agreement among pediatricians as to optimal or even practical aspects of infant feeding. Indeed, teaching of nutritional aspects of infant care has vanished almost completely from the curriculum of most schools of medicine, and ideas based chiefly on personal middle-class experience are passed on in casual fashion from attending pediatrician to student or house officer without much thought as to their scientific validity or practicality. Alarms about the extent of Vitamin D deficiency and iron-deficiency anemia, coupled with the astounding commercial advances in the food industries have brought about such common and expensive pediatric practices as prescribing "Similac with Iron" (which also contains a large overdose of all known vitamins) from the time of birth on, and adding "solids" at 2 weeks of age. The carefully designed metabolic studies of nutritional needs in infancy carried out in the 1920's and 1930's by Marriott and Jeans, by Grover Powers, and by Gordon and Levine, at a time when nutrition was beginning to be recognized as a health profession, have not been repeated - indeed probably could not be replicated without great expense. Although a plethora of articles and reports of all kinds abound, covering facets of nutritive requirements of infants, the fragmented approach of these studies make it difficult to synthesize them into practical pediatric

teaching. In the face of this, there is increasing concern among those interested in adult nutrition that some of the basic problems of obesity, heart disease, liver disease, etc. may well begin in infancy. The long-term studies of growth and development such as those carried out at the Children's Research Center in Denver, supply important information on various aspects of childhood nutrition and feeding, but these studies have so far concentrated on highly selected population groups.

The following discussion of practices considered desirable in infant feeding in the day care setting is a personal distillation made by the Medical Director of the Center from (1) her background of training in pediatrics (at Washington University 25 years ago when the teachings of Marriott and Jeans were still relatively fresh), (2) her experience in new-born and infant pediatrics at the University of North Carolina when Nelson Ordway was a member of the Pediatric Faculty, (3) her experience as a public health pediatrician working closely with public health nurses and others dealing with families from less advantaged segments of the population, (4) from meaningful professional contacts with nutritionists such as Miriam Lowenberg, Marjorie Hesseltine, Helen Stacy, and Frances MacKinnon, and (5) as a mother of four children, faced with practical aspects of providing and paying for adequate food for a growing family. This distillation is admittedly biased. A selected bibliography is appended, to provide further "food for thought."

II. General Principles of Infant Feeding

A. Holding infants for bottle feedings

The association of holding, rocking, and cuddling while being fed seems to be an important component of "mothering." "Mothering" in young infants is still recognized as an essential part of adult-child interaction, no matter what philosophy of child development the individual professional adheres to.

In the Frank Porter Graham Center, rocking chairs are provided for adult caretakers, and infants are held and rocked whenever a bottle of milk is fed. This practice continues until the infant is drinking well from a cup and signifies his desire not to take the bottle any longer.

Individual infants will vary in their need for bottle feeding and its associated holding and cuddling by the caretaker. The "Peters Theory" of transition from bottle to cup is based on the association of bottle feeding with being held as in breast feeding, and cup feeding with autonomy as he learns to feed himself. As the infant wishes to do more things for himself, he gradually rejects the bottle feeding in favor of holding his own cup. If he is given the bottle to hold, it becomes a plaything and loses its identity as food. (An exception to this might be the use of a bottle at night bedtime, to supplement an otherwise waning milk intake if needed, or to obviate a pacifier or thumb if these practices are unacceptable to parent or caretaker.)

B. Seating infant in infant seat or feeding table for feeding of "solid foods" or cup feeding

For feedings of "solid food" the young infant may either be held, or placed in a slanted infant seat or carrier which props him in a

semi-reclining position. In this position facing the adult feeding him, opportunities are increased for smiling and other pleasant interchange between infant and caretaker. By six months of age, the infant should be "graduated" to a baby feeding table, using the safety straps if necessary to keep his position comfortable and secure.

C. Following infant's appetite

Just as in older people, the appetite of individual infants varies from child to child, from meal to meal, from day to day, and from food to food. The wide variety of foods now available make it possible to give nutrition without "forcing" foods. The feeding can then be a pleasant and learning experience for both infant and caretaker.

At no time need foods be forced or stuffed, nor should the child be urged to eat when he is obviously satisfied. If the infant gags, cries, forcibly spits out a food, or regurgitates, it seems plain that he is telling the feeder to stop. If he continues to respond in the same way to the same food over a period of time, the food should not be offered again until he is older.

If there are unusual or persistent feeding "problems" at any age, medical advice is sought.

Our experience in group care of infants has shown that from approximately 6 months of age on, children react discriminately toward the adults around them, and to a particular mood or approach of an adult. At times, it is necessary and advisable to change "feeders" if the child reacts unfavorably, or if the adult feels uncomfortable about the child's reaction.

III. Spacing of Feedings

A. Feeding intervals for infants and toddlers depend upon the ages of the children, upon the time of arrival and departure, and upon the home feeding schedule. Some infants and toddlers require only 2 meals during their time at the Center, others need 3 or 4. The following may be considered as guidelines rather than "absolutes:"

1. From birth to 3 months, an infant usually needs to be fed every 3-4 hours around the clock. As night sleeping periods become prolonged and the infant's stomach capacity increases, the day time interval may settle down to approximately every 4 hours from 6 a.m. to 10 p.m. Infants of this age usually need 3 feedings during an 8-hour period in the Center.

2. After 3-4 months of age, the infant may gradually "settle down" to a 3-meal-a-day schedule, with a 4th bottle of milk at bedtime. Some infants, however, continue to take more frequent feedings of smaller amounts at a time. The individual infant's appetite should be the guide.

3. By 6-8 months of age, a regular 3-meal daytime pattern should be established, with a mid-morning and mid-afternoon "snack." In general, times of feedings for older infants and toddlers follow a 3-meal schedule of breakfast, dinner and supper at roughly 8:00 and 11:00 a.m., and 4:30 to 5:00 p.m., with a mid-morning and mid-afternoon "snack" of juice or milk, and crackers, corresponding with that given the older children.

IV. Foods and Feeding Patterns

A. From birth to 2 1/2 - 3 months

1. Milk: Infants are given a pre-packaged milk mixture approximately every 3-4 hours. The amount per feeding depends upon the infant's

appetite - the younger infant taking 2-4 ounces per feeding and increasing until 6-8 ounces per feeding are often taken by 8-12 weeks of age. The milk mixture may be fed at room temperature and need not be warmed. At times, an infant seems to prefer a feeding at body termperature. If so, the bottle may be warmed by placing it in a pan of warm water for a few minutes.

2. Semi-solid or pureed foods of other types may be introduced at any time after 6-8 weeks of age. They are not well digested or absorbed at an earlier age,[1] and it is unnecessary to introduce them earlier, in spite of the current "fad" of early solid feeding. In addition, early introduction in quantity may cut milk intake below nutritional needs.

A general rule of thumb for timing the introduction of "solid" food[2] is to begin when the infant's milk intake is up to 1 quart (32 oz.) per 24 hours, or when he has reached about 12 pounds body weight. The usual foods introduced at first are cereal and/or fruit. Infants often take fruit better as a first "solid."

One food should be offered at a time beginning with a teaspoonful and increasing the amount slowly each day until the infant accepts it eagerly. The introduction of new foods is best done at a feeding when the infant's appetite is good, and preferably at the same feeding each day.

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[1]Beal, Virginia: On the Acceptance of Solid Foods, and Other Food Patterns. Pediatrics: 20, 448-457, September 1957.

[2]Ordway, Nelson: Personal communication included in "Handbook of Pediatric Practices" prepared for Pediatric House Officers at North Carolina Memorial Hospital, UNC School of Medicine. 1956.

B. From 3 to 6 months

1. Milk: The infant will usually take 3 to 4 feedings of milk per 24-hours, averaging 6-8 ounces per feeding. Those taking fewer ounces at a time may need more frequent feedings. At this age, the optimal milk intake is 32 oz. (1 qt.) per 24 hours, to allow for calcium and protein needs of the rapidly growing infant.

Cup feedings are introduced during this period by offering small amounts of fruit juice and/or milk by cup, each day. The amount of liquid taken by cup depends upon the infant's response to this method of taking fluids.

2. "Solid" foods in the form of special infant cereals, pureed fruits and vegetables, and strained meats are added as rapidly as the infant tolerates them. In general, by 6 months of age the infant is on a varied diet with strained meat once a day, cereal once or twice a day, and all types of fruits and vegetables as desired.

The special commercially prepared baby "desserts" are introduced when the infant is regularly taking meats, fruits, cereals, and vegetables each day and is still hungry.

Eggs are usually not added to an infant diet during this period because of the reportedly higher incidence of allergic reactions to egg albumin if this food is added when the digestive tract is immature. Egg yolk may be safely used, but there are other iron-rich foods such as cereal and meat that have made the early introduction of eggs unnecessary.

3. 3. A typical day's food pattern for a 6-month-old might include:

Breakfast: milk, 6-8 ounces
1-2 tablespoons cereal mixed with milk or 1/2 jar bottled cereal
1/2 - 1 jar pureed fruit

Lunch or dinner: milk, 6-8 ounces
1-2 tablespoons strained meat
1/2 - 1 jar pureed vegetables
fruit or prepared milk dessert

Bedtime: milk, 6-8 ounces

C. From 7 to 9 months

1. Milk: Cup feeding should be well underway, with approximately 1/3 to 1/2 of the day's milk taken by cup. Ordinary dairy milk or evaporated milk mixed half-and-half with water is preferable to special milks in cup feedings, since it helps the infant get accustomed to different taste experiences.

During this time, the total 24-hour milk intake may drop to 24 ounces, especially if a wide variety of solid foods are being eaten.

2. "Solid" food: During this period, the transition from "pureed" to "junior" food is begun: fruits first, then vegetables, then soups and other mixtures, lastly the meats. "Lumps" should be mashed up at first until the baby is accustomed to the new texture.

Finger foods and the use of the spoon by the infant are strongly encouraged.

D. From 9 to 12 months of age

1. Milk: Transition from bottle to cup continues, although individual infants vary in their desire for the holding and cuddling associated with bottle feeding, as previously mentioned in Section II. Some infants

continue to take a large part of their milk from a bottle well past the first birthday. If, however, as discussed in a prior section, he is not given the bottle to hold himself (except on going to sleep), the long attachment to bottle or pacifier seen in some children may not persist. There is no agreement about whether these practices are beneficial or harmful, but the caretaker who is convinced about one method and is told she must use another, will only serve to confuse the infant. Similarly, the infant who does not like to be cuddled long may be upsetting to the adult who likes to cuddle.

2. "Solid" foods: Introduction of table foods, mashed up or given as finger foods, and transition from the expensive, processed "junior" foods should be the order of the day. Scrambled eggs, canned soups of various kinds, whole cooked vegetables, large chicken bones with bits of meat, chopped lean meat, small pieces of tender meat, pieces of fruit, toast, bread and butter are all well tolerated and enjoyed by most infants.

Babies eating table foods should be closely supervised, to avoid aspiration of large particles.

E. Cleaning of Feeding Equipment

1. Formula preparation is not carried on in the Center, since all milk feedings are either prepackaged milk mixtures or homogenized dairy milk.

As long as the infant is receiving the prepackaged milk mixture, the bottle units are discarded after use. A few bottles are saved for reuse with homogenized milk, or fruit juices.

When the infant begins to take regular dairy milk (9-11 months), it is poured directly into clean bottles which have been washed in the dishwasher, and capped with sterile nipples which are discarded after use.

Bottles which are to be reused are filled with cold water after a feeding. Before placing them in the dishwasher, they are lightly scrubbed out with a bottlebrush to dislodge milk particles. They are then washed in the dishwasher with other utensils on the regular cycle.

Clean bottles are capped with a sterile covered nipple unit and stored in the infant feeding cabinet.

2. Paper feeding cups are used for all feedings of strained or "Junior" type food and discarded after use.

3. Plastic baby drinking cups with spout or fitted cover are individually marked with infant's name. They are washed in the dishwasher after each use.

For early cup feeding before the infant can hold the cup, the Center staff has found that small paper cups in which a spout can be "pinched" are more useful and easier for the staff to handle.

4. Metal spoons used in feeding are no longer autoclaved but are washed in the dishwasher. For use with infants under 6 months, they are stored in metal boats (autoclaved as described above). For infants older than 6 months, feeding spoons are kept in the kitchen with other utensils. Plastic spoons may be used if desired, and discarded after use. Enough spoons should be available to allow for at least 4 per baby per day.

5. When the infant is old enough for table foods, these are served either on regular infant plastic plates which are washed in the dishwasher, or on paper plates discarded after use.

Foods should be prepared with little or no excess fat, e.g. not fried. It is unnecessary to add salt or butter to commercially prepared foods, and very little need be added in home prepared foods.

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D. CONCLUSION

In this section we have described a number of food programs aimed at pregnant women and children under six, the age priority you have elected to serve. Attached are the names of people in the Department of Agriculture who can help implement some of the programs mentioned here. Additional information about specific programs can be obtained from the directors.

No one program can provide the solution to all the nutrition needs of young children in your community. But it is hoped that with the impetus that one or a combination of these services can provide, sound nutrition patterns can be established for many young children.

E. APPENDIX

THE BEST USE OF SURPLUS COMMODITIES

REPRINT: THE READER'S DIGEST

INVOLVED AMERICANS
By James E. Roper

"Mrs. Leavitt Lends a Hand"

In his Inaugural Address, President Nixon called on every American to get involved in making our country a better place to live in. "To match the magnitude of our tasks," he said, "we need the energies of our people - enlisted not only in grand enterprises, but more importantly in those small, splendid efforts that make headlines in the neighborhood newspaper instead of the national journal." The President has now set up a Cabinet committee to encourage and coordinate the work of men, women and children who volunteer to get involved in some of the limitless opportunities to help their fellow Americans.

Too often, however, these "small, splendid efforts" go relatively unheralded. The Reader's Digest has gathered information about some of them and, in the hope of inspiring other volunteers, here presents the first in a series of articles about the "Involved Americans."

Mrs. Sophie Leavitt used to spend most of her time on her husband's trottinghorse farm near Hanover, Pa. She raised three children and wrote a gourmet cookbook. Then, five years ago, almost everything changed.

A maid in Palm Beach, Fla., where Mrs. Leavitt had gone for some winter golf, mentioned that she had been living - unhappily - on food that the government gives to the needy. "The government food is so bad," the maid said, "that some people just throw it away."

Mrs. Leavitt was aghast. As a taxpayer, she was helping to pay for the wasted food. As a cook, she could not believe that food could be so bad that hungry people would refuse to eat it. She hurried to the local welfare office, where she confirmed that government-issue flour, dried milk and other commodities were indeed being tossed on dump heaps. Yet she could see that many of Florida's needy, especially the agricultural

workers, were undernourished. What was wrong?

Mrs. Leavitt tested the welfare food and found it wholesome. She deduced that people were throwing it away because they did not know how to prepare it. The solution seemed simple to her: show people how to cook the commodities.

In her own home kitchen, where she normally concocted such delicacies as black-cherry mousse or chicken in champagne sauce, Mrs. Leavitt turned the government commodities into zesty meat-and-rice dishes, pancakes, biscuits and corn bread. Proudly, she served them to the poor as they picked up their food in a Palm Beach warehouse.

"The whole thing was a disaster," she recalls. "They thought that I was just a meddler, that I hadn't made those dishes with government commodities. They glared at me and walked out.

Angry and discouraged, Mrs. Leavitt drove from Palm Beach to the agricultural labor camps 40 miles inland to learn about these people who had scoffed at her aid. For days, she trudged wearily through the dust or mud of the camps, using the soft drawl of her native Alabama to talk her way into the kitchens.

There she found that most housewives lacked even a basic knowledge of cooking or nutrition; and they lacked utensils, often preparing food in old coffee cans atop kerosene stoves. Women poured out complaints against government commodities: the dried milk made lumpy liquid milk; the rice was gummy; the beans were tough; the dried eggs were a mess. Mrs. Leavitt also discovered that many of these people - blacks, whites, Mexican-Americans - were wary of change, partly because they had their own distinctive

food habits, and partly because they refused to believe that anything better was within reach.

Mrs. Leavitt began experimenting in her own kitchen with government food, using the simplest utensils and making the simplest dishes. Then she went back to giving demonstrations in the warehouse, offering door prizes to lure relief clients into listening. She prepared food atop burners, and cajoled women into helping mix, slice or fry. Before they knew it, many were cooking virtually on their own.

Now Mrs. Leavitt hammered home her kitchen-tested answers to complaints. To keep the government's non-instant dried milk from getting lumpy, she said, mix it with warm water, not cold. If a boiling pot of beans needs more water, add hot water; cold water makes the beans toughen and lose their skins. To keep the short-grain rice from getting gummy, use less water than with long-grain rice. Try dried milk in bean chowder to make a tasty soup, or mix it with peanut butter for a delicious ice cream. For a no-cook candy, mix corn syrup, powdered milk, peanut butter and rolled wheat or oats.

When Mrs. Leavitt talked of proteins or vitamins, she found that hungry people are not much interested. "We cook it this way," she began, "because it tastes so good. And it makes you feel good, too."

Month after month, she gave demonstrations, first in Florida, then near her home in Pennsylvania. She expanded her recommendations to cover not only government-issue commodities, but also foods that her listeners could buy with the food stamps that the government sells at cut rates to the needy.

"Always please your family," she would say, and then explain how to carve a chuck roast to make it look and taste like a steak. Other advice: if the family rebels at eating cheap tongue, serve it in stews; if children don't like cooked vegetables, serve raw carrots or cabbage.

Mrs. Leavitt always listened to complaints. At a demonstration in Pennsylvania, a mother of six argued that she should be allowed to use food stamps to buy detergents and paper products. Mrs. Leavitt agreed, and promised to take the case to the U.S. Department of Agriculture. "The government is your friend," she continued. "It is trying to help you over a hard time."

To enlarge her audience, she persuaded the U.S. Department of Agriculture to distribute recordings of her talks to radio stations. She taped demonstrations for educational television. She spent months compiling "The Penny Pincher's Cookbook," telling how to use government commodities. The state of Florida and Palm Beach County gave copies to relief clients and had her recipes broadcast on radio. She contributed many of the recipes in the cookbook which New York State has been passing out to its welfare recipients. Then the White House heard of Mrs. Leavitt's work and named her a delegate to the 1969 Conference on Nutrition.

Now the Department of Agriculture and many local welfare organizations are seeking thousands of volunteers like Mrs. Leavitt to give food demonstrations. Says Max M. Fisher, President Nixon's special consultant on voluntary action: "Sophie Leavitt exemplifies the finest qualities of a concerned person. Her contributions represent precisely the type of voluntary action we are seeking to develop among the citizens of our nation."

REPRINT: JOURNAL OF NUTRITION EDUCATION VOL.2, NO.1 Summer, 1970

CHANGING SIGNIFICANCE OF FOOD

By Margaret Mead

The Twentieth Century has brought about changes in relationships between nations, between the classes, between the rich and the poor. These changes affect the work of nutrition educators.

Editor's Note: This is a condensation of an article by Margaret Mead which appeared in American Scientist, 58:176, March-April 1970. Dr. Mead presented this material at the American Association for the Advancement of Science symposium in Boston, December 1969. Dr. Mead, the well-known anthropologist, has frequently related her studies to food. Her remarks can be very helpful to the nutrition educator in understanding the relation of food to the environment.

Today the state of nutrition in each country is relevant and important to each other country. Any talk of one world, of brotherhood, rings hollow to those who have come face to face on the television screen with the emaciation of starving children and to the people whose children are starving as they pore over month-old issues of glossy American and European magazines where full color prints show people glowing with health, their plates piled high with food that glistens to match the shining textures of their clothes.

Through human history there have been many stringent taboos on watching other people eat, or on eating in the presence of others. The taboos go back to the days when food was so scarce and the onlookers so hungry that not to offer them half of the little food one had was unthinkable and every glance was a plea for at least a bite.

Cries of the Hungry

Today the articulate cries of the hungry fill the air channels and there is no escape from the knowledge of the hundreds of millions who are seriously malnourished, of the periodic famines that beset whole populations,

or of the looming danger of famine in many other parts of the world. The age-old divisions between one part of the world and another, between one class and another, between the rich and poor everywhere, have been broken down, and the tolerances and insensitivities of the past are no longer possible.

Today, for the first time in the history of mankind, we have the productive capacity to feed everyone in the world, and the technical knowledge to see that their stomachs are not only filled but that their bodies are properly nourished with the essential ingredients for growth and health.

These new twentieth-century potentialities have altered the ethical position of the rich all over the world. In the past, there were so few who lived well, and so many who lived on the edge of starvation, that the well-to-do had a rationale and, indeed, almost a necessity to harden their hearts and turn their eyes away.

Before, the well-fed turned away their eyes in the feeling that they were powerless to alleviate the perennial poverty and hunger of most of their own people and the peoples in their far-flung commonwealth. And such turning away the eyes, in Britain and in the United States and elsewhere, was accompanied by the rationalizations, not only of the inability of the well-to-do - had they given all their wealth - to feed the poor, but of the undeservingness of the poor, who had they only been industrious and saving would have had enough, although, of course, of a lower quality, to keep "body and soul together."

The particular ways in which the well-to-do of different great

civilizations have rationalized the contrast between rich and poor have differed dramatically, but ever since the agricultural revolution, we have been running a race between our capacity to produce enough food to make it possible to assemble great urban centers, outfit huge armies and armadas, and build and elaborate the institutions of civilization and our ability to feed and care for the burgeoning population which has always kept a little, often a great deal, ahead of the food supply.

Man's capacity to elaborate man's inhumanity to man existed before the beginning of civilization, which was made possible by the application of an increasingly productive technology to the production of food.

With the rise of civilizations, we also witness the growth of the great religions that made the brotherhood of all men part of their doctrine and the gift of alms or the life of voluntary poverty accepted religious practices. But the alms were never enough, and the life of individual poverty and abstinence was more efficacious for the individual's salvation than for the well-being of the poor and hungry, although both kept alive an ethic, as yet impossible of fulfillment, that it was right that all should be fed. The vision preceded the capability.

Today we have the capability. Whether that capability will be used or not becomes not a technical but an ethical question.

The development of the international instruments to meet food emergencies and to steadily improve the nutrition of the poorer countries will fail, unless there is greater consistency between ideal and practice at home.

We need to examine not only the conditions that make this possible, to have starving people in the richest country in the world, but also the

repercusions of American conditions on the world scene. The situation is complex, closely related to a series of struggles for regional and racial justice, to the spread of automation and resulting unemployment, to changes in crop economies, as well as to population growth and the inadequacy of many of our institutions to deal with it. But I wish to single out here two conditions which have, I believe, seriously contributed to our blindness to what was happening: the increase in the diseases of affluence and the growth of commercial agriculture.

The split in man's needs, into our cultural conception of the need for nourishment and the search for pleasure, originally symbolized in the rewards for eating spinach or finishing what was on one's plate if one wanted to have a dessert, lay back of the movement to produce, commercially, non-nourishing foods.

The resources and the ingenuity of industry were diverted from the preparation of foods necessary for life and growth to foods nonexpensive to prepare, expensive to buy. And every label reassuring the buyer that the product was not nourishing increased our sense that the trouble with Americans was that they were too well nourished.

Hard to Believe

It was hard for the average American to believe that while he struggled, and paid, so as not to be overnourished, other people, several millions, right in this country, were hungry and near starvation. The gross contradiction was too great. Furthermore, those who think of their country as parental and caring find it hard to admit that this parental figure is starving their brothers and sisters.

So today we have in the United States a situation not unlike the situation in Germany under Hitler, when a large proportion of the decent and law-abiding simply refuse to believe that what is happening can be happening.

How can the country be overnourished and undernourished at the same time?

A second major shift, in the United States and in the world, is the increasing magnitude of commercial agriculture, in which food is seen not as food which nourishes men, women, and children, but as a staple crop on which the prosperity of a country or region and the economic prosperity - as opposed to the simple livelihood - of the individual farmer depend. Such situations could not exist if food as something which man needs to provide growth and maintenance had not been separated from food as a cash crop, a commercial as opposed to a basic maintenance enterprise. When it becomes the task of government to foster the economic prosperity of an increasingly small, but politically influential, sector of the electorate at the expense of the well-being of its own and other nations' citizens, we have reached an ethically dangerous position.

This situation, in the United States, is in part responsible for the grievous state of our poor and hungry and for the paralysis that still prevents adequate political action. It was in the Department of Agriculture that concerned persons found, during the Depression, the kind of understanding of basic human needs which they sought.

There were indeed always conflicts between the needs of farmers to sell crops and the needs of children to be fed. School lunch schemes were tied to the disposal of surplus commodities. But the recognition of the

wholeness of human needs was still there, firmly related to the breadth of the responsibilities of the different agencies within the Department of Agriculture. Today this is no longer so. Agriculture is big business in the United States.

Many of our reforms which are suggested, in the distribution of food or distribution of income from which food can be bought, center on removing food relief programs from the Department of Agriculture and placing them under the Department of Health, Education, and Welfare.

These changes, shifting food relief programs from Agriculture to Health, Education, and Welfare, or shifting the whole welfare program into a guaranteed income, really do not meet the particular difficulties that arise because we are putting food into two compartments with disastrous effects; we are separating food that nourishes people from food out of which some people, and some countries, derive their incomes.

Food affects not only man's dignity but the capacity of children to reach their full potential, and the capacity of adults to act from day to day. You can't eat either nutrition or part of a not yet realized guaranteed annual income, or political promises. You can't eat hope. We know that hope and faith have enormous effects in preventing illness and enabling people to put forth the last ounce of energy they have. But energy is ultimately dependent upon food. No amount of rearrangement of priorities in the future can provide food in the present. It is true that the starving adult, his efficiency enormously impaired by lack of food, may usually be brought back again to his previous state of efficiency. But this is not true of children. What they lose is lost for good.

Divorced from its primary function of feeding people, treated simply as a commercial commodity, food loses this primary significance; the land is mined instead of replenished and conserved. The Food and Agriculture Organization, intent on food production, lays great stress on the increase in the use of artificial fertilizers, yet the use of such fertilizers with their diffuse runoffs may be a greater danger to our total ecology than the industrial wastes from other forms of manufacturing.

The innovative industralized countries are exporting, with improved agricultural methods, new dangers to the environment of the importing countries. Only by treating food, unitarily, as a substance necessary to feed people, subject first to the needs of people and only second to the needs of commercial prosperity - whether they be the needs of private enterprise or of a developing socialist country short of foreign capital - can we hope to meet the ethical demands that our present situation makes on us. For the first time since the beginning of civilization, we can feed everyone, now. Those who are not fed will die or, in the case of children, be permanently damaged.

We are just beginning to develop a world conscience. The basic problem is an ethical one; the solution of ethical problems can be solved only with a full recognition of reality. The children of the agricultural workers of the rural South, displaced by the machine, are hungry; so are the children in the Northern cities to which black and white poor have fled in search of food. On our American Indian reservations, among the Chicanos of California and the Southwest, among the seasonally employed, there is hunger now. If this hunger is not met now, we disqualify ourselves, we cripple ourselves, to deal with world problems.

We must resolve the complications of present practice and present conceptions if the very precision and efficiency of our new knowledge is not to provide a stumbling block to the exercise of fuller humanity.

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San Francisco Unified School District

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E. PAMPHLETS

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IN ADDITION, BOOKLETS AND LEAFLETS ARE AVAILABLE FROM:

Dairy Council of California, 2775 Cottage Way, Sacramento 95825

Agricultural Extension Service, University of California, Berkeley 94704

*Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

Wheat Flour Institute, 309 W. Jackson Blvd., Chicago, Illinois 60606

National Live Stock and Meat Board, 407 S. Dearborn St., Chicago, Illinois 60605

California State Department of Education Food Service Office, 721 Capitol Mall, Sacramento 95814

2. Film Suggestions

Jenny Is a Good Thing — Color, 18 minutes

This nutrition education film shows four- and five-year-old Head Start children sampling new foods, setting up for meals, and cleaning up afterwards. Mealtime is a happy time. Burt Lancaster narrates. Title song, "Jenny," is an original music score by Noel Stokey of Peter, Paul, and Mary music fame.

Take a Running Start — Color, 20 minutes

The Raleigh County, West Virginia, OEO Center and the Department of Education at the University of West Virginia cooperated to produce this film. Health, education, and nutrition aspects of a child development program are presented. The Home Head Start program of West Virgnia would be applicable to other rural settings. Training techniques for local mothers are included.

Also...
Consult the nearest Regional Office of the Department of Agriculture. Dairy Councils, Cereal Manufacturers and other food producers have excellent film libraries.

Addresses and Managers of
Modern Talking Picture Service Film Libraries

Atlanta, Georgia 30308
714 Spring Street, N. W.
Mr. Thomas L. Gunter
875-5666 Area Code 404

Boston, Massachusetts 02134
1168 Commonwealth Avenue
Mr. James Lowe
734-3732 Area Code 617

Buffalo, New York 14202
c/o Buchan Pictures
122 West Chippewa Street
Mr. Fred Buchan
853-1805 Area Code 716

Cedar Rapids, Iowa 52404
c/o Pratt Educational Media, Inc.
200 Third Avenue, S. W.
Mrs. Louise Nordstrom
363-8144 Area Code 319

Charlotte, North Carolina 28202
503 North College Street
Mr. Max Austin
377-2574 Area Code 704

Chicago, Illinois 60611
160 E. Grand Avenue
Mr. William Gallagher
467-6470 Area Code 312

Cincinnati, Ohio 45202
9 Garfield Place
Mrs. Rosalie Kuwatch
421-2516 Area Code 513

Cleveland, Ohio 44115
c/o Film Programs, Inc.
2238 Euclid Avenue
Mr. Al Shobel
621-9469

Dallas, Texas 75207
1411 Slocum Street
Mr. Ed Cothran
742-4106 Area Code 214

Denver, Colorado 80204
c/o Cromar's Modern Films
1200 Stout Street
Mr. R. Kenneth Cromar
244-4621 Area Code 303

Detroit, Michigan 48235
15921 W. 8 Mile Road
Mr. Kermit Cable
273-2070 Area Code 313

Harrisburg, Pennsylvania 17105
c/o J. P. Lilley & Son, Inc.
2009 North Third Street
(P. O. Box 3035)
Mr. J. K. Lilley
238-8123 Area Code 717

Honolulu, Hawaii 96813
c/o Film Services of Hawaii, Ltd.
742 Ala Moana Boulevard
Mrs. Arlayne Rosenstock
581-928

Houston, Texas 77027
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SUPPLEMENTAL FOODS PROGRAM

Write to the Nearest District Office Listed Below:

GEORGIA

Russell H. James, Director
Southeast District
Consumer Food Programs
Food and Nutrition Service, USDA
1795 Peachtree Road, N.E., Room 302
Atlanta, Georgia 30309

CALIFORNIA

Charles M. Ernst, Director
Western District
Consumer Food Programs
Food and Nutrition Service, USDA
Appraisers' Bldg., Room 734
630 Sansome Street
San Francisco, California 94111

ILLINOIS

Dennis M. Doyle, Director
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536 South Clark Street
Chicago, Illinois 60605

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New York, New York 10007

TEXAS

John J. Slaughter, Director
Southwest District
Consumer Food Programs
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500 South Ervay Street, Room 3-127
Dallas, Texas 75201

UNITED STATES DEPARTMENT OF AGRICULTURE

SPECIAL CHILD FOOD SERVICE PROGRAM

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TENNESSEE	Same as Georgia.
VIRGINIA	Same as Georgia.
WEST VIRGINIA	Mrs. Faith Giauermier State Director of School Lunch State Dept. of Education 310 45th Street, S.E. Charleston, West Virginia 25305 (304) 343-2708 or 9

6. Program Materials:
The District of Columbia

HOW TO USE

SUPPLEMENTAL FOODS

in

EASY

TASTY

MONEY-SAVING

RECIPES

for the larger family

Nutrition Services
D.C. Department of Public Health

76
75 /-76-

EASY CHOW MEIN
(6-8 servings)

1 can Meat, drained and flaked (Save meat juice)

CORNSTARCH MIXTURE: In a quart-size saucepan

Measure

6 tablespoons Cornstarch
3 1/2 cups Water (Use meat juice as part of water)
6 tablespoons SOY SAUCE
3 tablespoons Dark Molasses
1 teaspoon Salt
*1/4 teaspoon M.S.G. (if you like)

Cook the cornstarch mixture over medium heat until it thickens. Make sure you stir continuously while cornstarch thickens so you do not get lumps. Remove from fire and set aside.

In a large skillet heat 4 tablespoons Cooking Oil.

Add: 2 cups sliced Onions
2 cups sliced Celery
1 medium Green Pepper, chopped

Fry for about three minutes, stirring frequently. DO NOT OVERCOOK.

Add flaked Meat and cook for two minutes more.

Add: Cornstarch Mixture and
1-16 oz. can of Bean Sprouts (drained)

Stir and heat for five minutes.

SERVE HOT ON RICE

*Such as Accent

CORN-HAM-SHORTCAKE
(6-8 servings)

White Sauce: (Do not use any salt.)

1/2 stick Margarine

10 tablespoons (1/2 cip and 2 tablespoons) Flour

1 teaspoon Dry Mustard

Pinch of Pepper

1 can Evaporated Milk

1 can Water

*****

3 cans Corn (Do not drain.)

2-3 cups cubed left-over Ham

1/2 small Green Pepper, chopped...(optional)

2 tablespoons chopped Onion (optional)

Melt margarine then add flour, dry mustard and pepper. When smooth add evaporated milk and water slowly stirring constantly to prevent lumps from forming. Cook over medium heat, stirring constantly until sauce thickens. Then add three cans of corn (with liquid), and the rest of the ingredients. Stir until well mixed and let simmer for 10 minutes. Taste. Add some salt if necessary.

Serve over hot Corn Bread squares.

Note: Bologna or smoked sausage may be used instead of ham.

SCRAMBLED EGG with CREOLE SAUCE
(Makes 8-10 servings)

Creole Sauce:

In a small saucepan, cook for 5 minutes:

2 Tablespoons cooking oil
1 medium Onion, chopped
1 Green Pepper, chopped

Then add:

1/2 teaspoon Salt
1/4 teaspoon Pepper
2 teaspoons Oregano or Italian Seasoning
1-4 ounce can Tomato Paste
2 cups Tomato juice

Simmer for 20 minutes or until it thickens a little. Serve hot over Scrambled Eggs.

*****

SCRAMBLED EGG MIX
(No salt is needed.)

In a medium sized bowl measure 3 cups warm Water. Gradually add 3 cups Scrambled Egg Mix.

Heat 3 Tablespoons cooking Fat in a large skillet, and pour the egg mixture in. Cook over low heat. As egg is cooked around edges, lift with spatula. Tilt the pan to allow uncooked egg to run to bottom. With spatula turn portions of egg over. Do not overcook. Scrambled eggs should be moist not dry.

SHEPHERD'S PIE
(Makes 12-15 servings)

Meat and Corn Filling:

Fry - - - 1 medium Onion, chopped
in
2 tablespoons of cooking fat

Add - - - 1 can Meat, drained and flaked
1 or 2 cans Corn, drained
2 tablespoons Parsley (if you like)

Mashed Potato Mixture:

In a two-quart pan, measure:
6 1/2 cups Water
2 teaspoons Salt
1/4 teaspoon Pepper

When water starts boiling, remove pan from heat.
Quickly add and stir in:

2 cups Instant Mashed Potatoes
1 cup Evaporated Milk
1/2 stick (1/8 pound) Margarine

Then stir in:
1/2 cup Scrambled Egg Mix mixed with
1 cup of warm Water

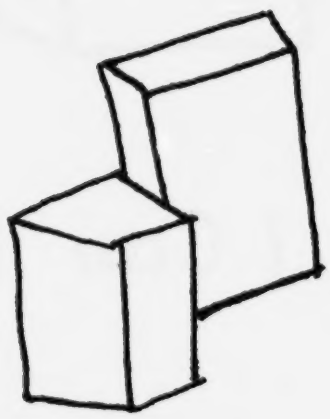
Spread half of mashed potato in a 9x13 inch greased pan.
Then spread all of meat and corn mixture on mashed potato.

Top meat mixture with rest of mashed potato. Sprinkle top with paprika, and dot with about 1/2 stick of Margarine. Bake in a preheated oven at 400°F for 15 minutes or until top is golden brown in color.

SUPPLEMENTAL FOODS

for MOTHERS

pregnant, nursing, post partum



1 Package Dehydrated Potatoes

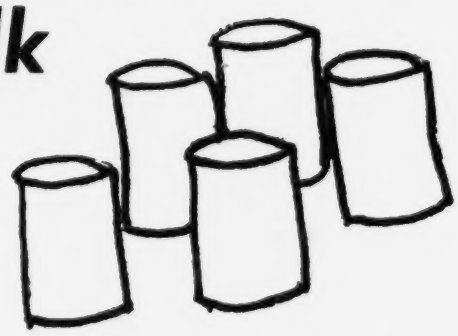
1 Package Instant Dry Milk

1 Can Scrambled Egg Mix

1 Can Evaporated Milk

3 Cans Vegetables

1 Can Fruit Juice



Bag 1 - 15 lbs.

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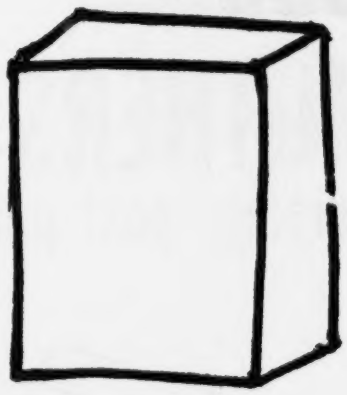


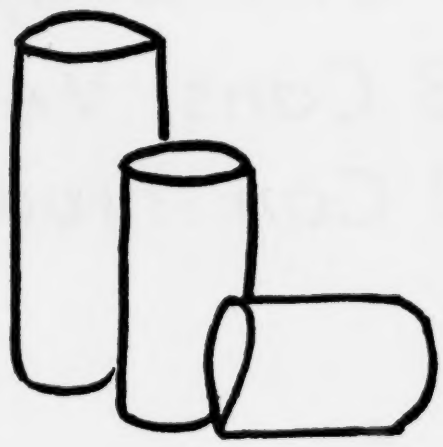
1 Package Farina

1 Can Evaporated Milk

1 Can Fruit Juice

4 Cans Vegetables

1 Can Meat

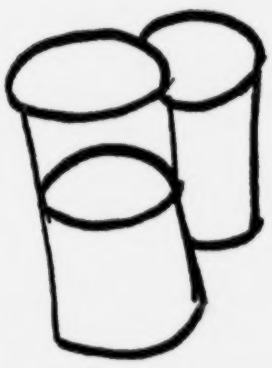


Bag 2 - 13 lbs.

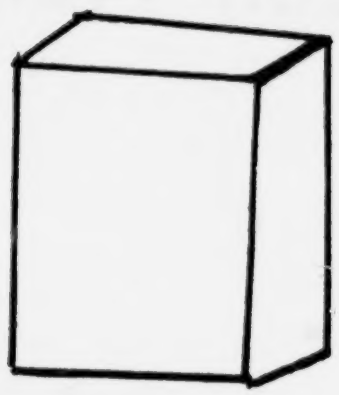
SUPPLEMENTAL FOODS for INFANTS

0 - 12 months

1 Bottle Corn Syrup Blend



14 Cans Evaporated Milk



1 Package Farina

Bag 1 - 15 lbs.

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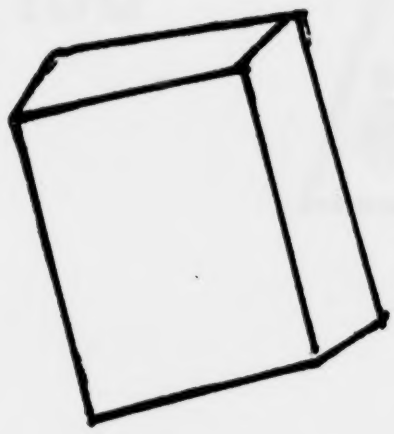
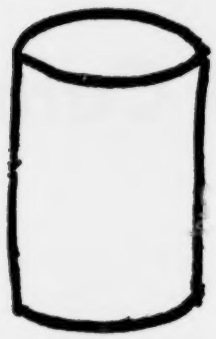
1 Package Farina



1 Bottle Corn Syrup Blend



1 Can Fruit Juice

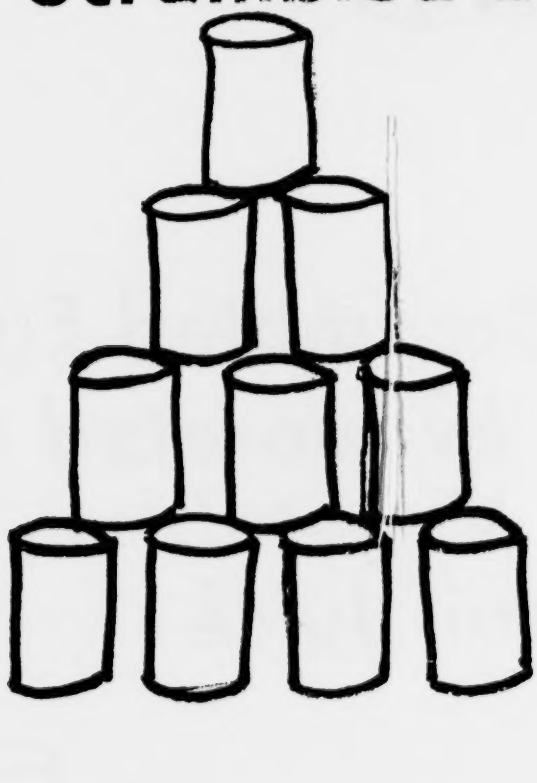
14 Cans Evaporated Milk

Bag 2 - 18 lbs.

SUPPLEMENTAL FOODS

for CHILDREN 13 months - 5 years

1 Can Meat
2 Cans Fruit Juice
2 Cans Vegetables
5 Cans Evaporated Milk
1 Can Scrambled Egg Mix



1 Package Farina

Bag 1 - 15 lbs.

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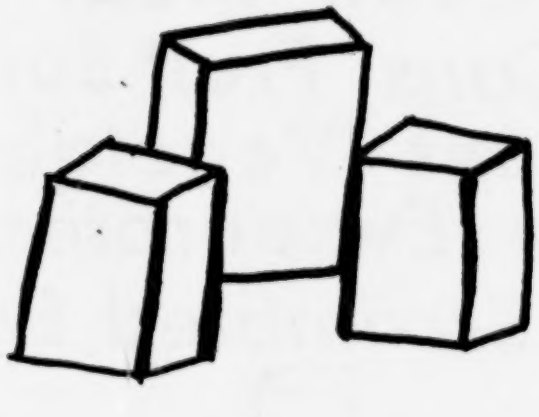
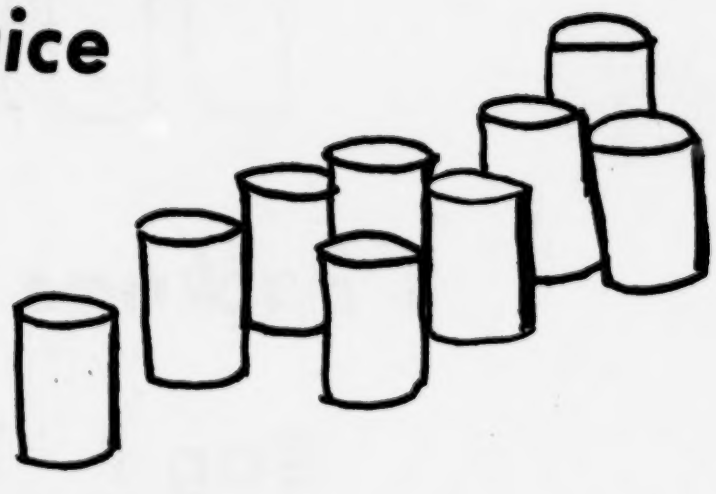
1 Package Instant Nonfat Dry Milk
1 Package Dehydrated Potatoes
1 Package Farina



1 Can Scrambled Egg Mix
5 Cans Evaporated Milk
2 Cans Vegetables
1 Can Fruit Juice



Bag 2 - 16 lbs.